



2010 SUMMARY OF BENEFITS

DED Intranet http://intra.ded.mo.gov/	Department Information Division Links	Employee Directory Organizational Charts Policies
Life Insurance – MOSERS 800-827-1063 www.mosers.org	Term life insurance coverage equal to your salary is provided at no cost. Additional term insurance for the employee, their spouse and children is available through MOSERS.	
Retirement - MOSERS 800-827-1063 www.mosers.org	The retirement plan is financed solely by state contributions with investment earnings on those contributions. Vestment with MOSERS occurs after completing five years of creditable state service. The retirement benefit is calculated using age, service, salary and payment schedule. Long Term Disability insurance is also provided. This coverage is provided at no cost.	
Cafeteria Plan 800-659-3035 www.mocafe.com	You may elect to redirect pre-tax dollars into a trust account from which you can later be reimbursed for eligible expenses. Participation in the Cafeteria Plan lowers the gross taxable income reported to the Internal Revenue Service by the State.	
Deferred Compensation 800-392-0925 http://mo.csplans.com	Employees may defer a portion of their salary before taxes are withheld. At this time the state's incentive matching program is suspended.	
Holidays	There are 12 paid holidays each year: 01-01-10 New Year's Day 01-18-10 Martin Luther King, Jr. Day 02-12-10 Lincoln Day 02-15-10 Washington's Birthday 05-07-10 Truman Day 05-31-10 Memorial Day 07-05-10 Independence Day 09-06-10 Labor Day 10-11-10 Columbus Day 11-11-10 Veterans Day 11-25-10 Thanksgiving Day 12-24-10 Christmas Day	
Annual Leave	Annual Leave is earned each semi-monthly pay period and is accumulated at variable rates based on length of service. Less than 10 years - 5 hours with a 240 hour maximum on October 31st 10 – 15 years - 6 hours with a 288 hour maximum on October 31st 15 + years - 7 hours with a 336 hour maximum on October 31st	
Sick Leave	Sick leave is earned each semi-monthly pay period and the sick leave accrual rate is 5 hours per pay period. Sick leave can be accumulated with no maximum and the accumulated balance is taken into consideration when calculating the employee's retirement benefit. 168 hours counts as 1 month of service.	
Employee Assistance Program – (EAP) 800-808-2261	EAP is a confidential program provided to all active state employees and members of their households. The EAP can help you and household members cope with various personal and emotional issues.	
Missouri Credit Union 573-635-8007 or 800-451-1477	State employees may join Missouri Credit Union at 1815 Southwest Blvd. or at 3200 West Edgewood Drive, Jefferson City, MO.	
U.S. Savings Bonds	You may purchase U.S. Savings Bonds (Series EE) in \$100, \$200, \$500 or \$1,000 denominations through payroll deduction.	
Workers Compensation	The state is self-insured through the Central Accident Reporting Office (CARO).	

Education Reimbursement	This program allows employees to obtain reimbursement for a percentage of tuition fees associated with successful completion of approved undergraduate and graduate courses. You must receive prior approval before utilizing this benefit.
Mandatory Direct Deposit or Pay Card for Payroll Purposes	Direct Deposit of your payroll into a checking or savings account of your choice or deposited to the pay card of your choice.
Leave Share Program	The Department of Economic Development's Leave Share Program is available to assist employees who have exhausted their leave balances due to the employee or a member of the employee's immediate family suffering a catastrophic or life-threatening illness or injury. The Leave Share pool is leave donated by co-workers.
MO\$T Program 888-414-6678 www.missourimost.org.	All residents of Missouri can enroll in the MO\$T savings program.
Health Insurance – MCHCP 800-487-0771 www.mchcp.org	Health insurance coverage is provided with premiums paid by the state and the employee. The State contributes each pay period towards the medical coverage. The employee portion will vary depending upon the plan selected and level of coverage.

Department of Economic Development
Human Resources
P.O. Box 1157, 301 W. High St. Room 620
Jefferson City MO 65102
573-751-3916 - Fax 573-522-9814

Health Insurance Options

Copayment Plan	<p><u>Network:</u> Office visit - \$25 copayment / \$35 copayment for Specialist office visit Hospitalization - \$300 copayment Outpatient - \$75 copayment Urgent Care - \$35 copayment ER - \$100 copayment - waived if admitted as inpatient</p> <p><u>Non-Network:</u> Office visit – 30% coinsurance after deductible Hospitalization – 30% coinsurance after deductible Outpatient – 30% coinsurance after deductible Urgent Care – \$35 copayment ER - \$100 copayment – waived if admitted as inpatient \$600 individual and \$1,200 family deductible</p> <p><u>Prescription Plan for Copay Plan</u> Generic - \$8 copayment Brand formulary - \$35 copayment Non-formulary - \$55 copayment Non-covered prescription drugs – ESI discounted rate Mail Order Pharmacy – Up to 90 day supply for 2 and one half copayments, or the cost of the drug, whichever is less.</p>
PPO 300	<p><u>Network:</u> Office visit – 10% coinsurance after deductible Hospitalization – 10% coinsurance after deductible Outpatient – 10% coinsurance after deductible Urgent Care – 10% coinsurance after deductible ER – 10% coinsurance after deductible \$300 individual and \$600 family deductible</p> <p><u>Non-Network:</u> Office visit – 30% coinsurance after deductible Hospitalization – 30% coinsurance after deductible Outpatient – 30% coinsurance after deductible Urgent Care – 10% coinsurance after deductible ER – 10% coinsurance after deductible \$600 individual and \$1,200 family deductible</p> <p><u>Prescription Plan for PPO Plan</u> Generic - \$8 copayment Brand formulary - \$35 copayment Non-formulary - \$55 copayment Non-covered prescription drugs – ESI discounted rate Mail Order Pharmacy – Up to 90 day supply for 2 and one half copayments, or the cost of the drug, whichever is less.</p>
High Deductible Health Plan with Health Savings Account	<p><u>Network:</u> Office visit – 20% coinsurance after deductible Hospitalization – 20% coinsurance after deductible ER – 20% coinsurance after deductible – contact plan within 48 hours (United Health Care)</p> <p><u>Non-Network:</u> Office visit – 40% coinsurance after deductible Hospitalization – 40% coinsurance after deductible ER – 40% coinsurance after deductible – contact plan within 48 hours (United Health Care)</p> <p><u>Prescription Plan for Health Savings Account</u> Network: 20% coinsurance after deductible</p>
Dental Plan: Delta Dental	<p>Three categories of coverage:</p> <ul style="list-style-type: none"> • Coverage A – Diagnostic and Preventative (100% with no deductible). • Coverage B – Basic and Restorative (Paid at 80% after \$50 annual deductible met). • Coverage C – Major services (Paid at 50% after \$50 annual individual deductible met and a 12 month waiting period to qualify for services).
Vision Plan: Vision Service Plan	<p>Examination - \$10 copayment Lenses - \$25 copayment Frames - \$25 copayment (new frames once every 24 months) (one \$25 copayment for lens & frames) Contacts – \$10 copayment for exam (contact lenses & fitting & evaluation exam covered up to \$125 allowance & 15% discount on the cost of contact lens exam (fitting & evaluation)).</p>